

PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax

(703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate. All further coindicated unless corrected maintenance fee notification	orrespondence including the I below or directed otherwise ons.	Patent, advance of e in Block 1, by (a	rders and not i) specifying	ification of maint a new correspond	enance fees v lence address	vill be mailed to the current ; and/or (b) indicating a sep	correspondence address as arate "FEE ADDRESS" for
23548 LEYDIG VOIT 700 THIRTEENT SUITE 300 WASHINGTON,	papers. I have its	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below. (Depositor's name)					
/03/2005 MBEYENE2 000	000075 121216 098896	65 12	TARK			<u></u>	(Signature)
FC:1501 1400.0 FC:8001 12.0	OO DA OO DA	& TRA	DEMIL				(Date)
APPLICATION NO.	FILING DATE		FIRST NAME	D INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/889,665 07/19/2001		Shigeki Yamakawa				401303	6965
	ELEVATOR SYSTEM INCI						
APPLN. TYPE	SMALL ENTITY	ISSUE F	ISSUE FEE		ON FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		\$0		\$1400	04/14/2005
EXAMINER		ART UNIT		CLASS-SUB	CLASS		
CHIN, PAUL T		3652		187-319	187-319000		
I. Change of corresponden CFR 1.363). Change of correspon Address form PTO/SB// "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.	Correspondence	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME AN	D RESIDENCE DATA TO E	E PRINTED ON T	THE PATENT	Γ (print or type)			
PLEASE NOTE: Unles recordation as set forth i	ss an assignee is identified bin 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will app Γa substitute	ear on the patent. for filing an assig	. If an assign nment.	ee is identified below, the c	locument has been filed for
(A) NAME OF ASSIGN	NEE	(B) RESIDENC	E: (CITY and ST	ATE OR CO	UNTRY)	
MITSUBISHI D	ENKI KABUSHIK	I KAISHA	,	TOKYO,	JAPAN		
Please check the appropriat	te assignee category or catego	ries (will not be pr	inted on the p	atent): 🗖 Indi	vidual XX Co	orporation or other private gr	oup entity Government
4a. The following fee(s) are	e enclosed:	4b	. Payment of	Fee(s):			
Issue Fee	A check in the amount of the fee(s) is enclosed.						
Publication Fee (No	ed)	Payment by credit card. Form PTO-2038 is attached.					
Advance Order - # o	of Copies4		The Dire Deposit Acc	ector is hereby au ount Number	thorized by c. 1 2 _ 1 2 1	harge the required fee(s), or (enclose an extra c	credit any overpayment, to copy of this form).
`	s (from status indicated above	,			<u>. 4 . 1 4 . </u>	-	· · · · · · · · · · · · · · · · · · ·
	SMALL ENTITY status. See			•	-	LL ENTITY status. See 37 C	
The Director of the USPTC	is requested to apply the Iss	ue Fee and Publicat	ion Fee (if an	y) or to re-apply	any previousl	y paid issue fee to the applica	ation identified above.

accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in the records of the United States Patent and Trademark Office.

Authorized Signature

Registration No.

Typed or printed name

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.